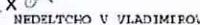


Institution Name & Address		Date: 10/04/13
City National Bank Cross Lanes 308 Goff Mountain Rd Cross Lanes, WV 25313 (304) 776-7900		Internal Use SIMPLY FREE CHECKING 9010578889
Account Title & Address		
NEDEL'CHO V VLADIMIROV 5429 HILLBROOK DR CROSS LANES WV 25313		
Ownership of Account		
The specified ownership will remain the same for all accounts.		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Joint with No Survivorship <input type="checkbox"/> Partnership <input type="checkbox"/> (not as tenants in common) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> (as tenants in common) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/>		
Beneficiary Designation		
(Check appropriate ownership above.)		
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>		
Beneficiary Name(s), Address(es), and SSN(s)		
(Check appropriate beneficiary designation above.)		
<input type="checkbox"/> If checked, this is a temporary account agreement. Number of signatures required for withdrawal: 1 .		
Signature(s)		
<p>The undersigned authorize the financial institution to investigate credit and employment history, and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:</p>		
<input checked="" type="checkbox"/> Terms and Conditions <input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Truth in Savings <input checked="" type="checkbox"/> Substitute Checks <input type="checkbox"/> Funds Availability <input checked="" type="checkbox"/> Common Features <input type="checkbox"/>		
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)		
1 [] 10/04/2013 2 [X] 3 [X] 4 [X]		
Signature Card WV Bankers Systems™ Wolters Kluwer Financial Services ©2003, 2006		MFMP-LAZ-WV 5/2/2007 Initials: _____ Page 1 of 2



Owner/Signer Information 3		Non-Individual Owner Information	
Name		Name	
Relationship		EIN	
Address		Phone	
Mailing Address (if different)		Mobile Phone	
Home Phone		E-Mail	
Work Phone		Type of Entity	
Mobile Phone		State/Country & Date of Organization	
E-Mail		Nature of Business	
Birth Date		Address	
SSN/TIN		Mailing Address (if different)	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization/ Resistor Date	
Other ID (Descriptor, Details)		Previous Financial Inst.	
Employer		Account Description	
Previous Financial Inst.		Account #	
Owner/Signer Information 4		Initial Deposit/Source	
Name		\$ 500.00	
Relationship		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check	
Address		<input type="checkbox"/>	
Mailing Address (if different)		\$	
Home Phone		<input type="checkbox"/> Cash <input type="checkbox"/> Check	
Work Phone		<input type="checkbox"/>	
Mobile Phone		\$	
E-Mail		<input type="checkbox"/> Cash <input type="checkbox"/> Check	
Birth Date		<input type="checkbox"/>	
SSN/TIN		Services Requested	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		<input type="checkbox"/> ATM <input checked="" type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
Other ID (Descriptor, Details)		<input type="checkbox"/>	
Employer		<input type="checkbox"/>	
Previous Financial Inst.		<input type="checkbox"/>	
Backup Withholding Certifications			
<i>If not a "U.S. Person," certify foreign status separately.</i>			
TIN: _____			
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.			
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, the Internal Revenue Service has notified me that I am no longer subject to backup withholding.			
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.			
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).			
 10/04/2013 (Date)			

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/ Resistor Date	
Previous Financial Inst.	
Account Description	Account #
Initial Deposit/Source	
Checking	9010578889
\$ 500.00	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/>	
\$	
<input type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/>	
\$	
<input type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/>	
Services Requested	
<input type="checkbox"/> ATM <input checked="" type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Other Terms/Information	